Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03216

3228

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Vale X
STREET ADDRESS (If rural give location) 16 La Vale Street 1

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) L. (Last) Ackerson

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 10/21/67

9. AGE last birthday: 87 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stone Mason

10B. KIND OF BUSINESS OR INDUSTRY: Construction Self employed

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Ackerson

14. MOTHER'S MAIDEN NAME: Debbora (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Patients Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 week

DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) coronary heart disease — 6 months

DUE TO

(C) generalized arteriosclerosis — 1 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-, 1955, to 4-6-, 1955, that I last saw the deceased alive on 4-6-, 1955, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 57 Queen St. DATE SIGNED 4-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: April 9, 1955 — NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 9, 1955 — REGISTRAR'S SIGNATURE: Walter R. Frantz M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

VS. A11 — 10 - 51

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03217

3229

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
STREET ADDRESS (If rural give location) 604 Fairview Ave.

3. NAME OF DECEASED: (First) William (Middle) Francis (Last) Appold
4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/26/99
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Queen City Brewing Co.
11. BIRTHPLACE (State or foreign country): Maryland Cumberland,
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Z. Appold
14. MOTHER'S MAIDEN NAME: Mary E. Stott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-4976
17. INFORMANT & ADDRESS: Mrs. Cora Appold 604 Fairview Ave., Cumb.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.3
IMMEDIATE CAUSE (A) Generalized peritonitis — 6 d.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Perforation of Sm. bowel (~~Colon~~) — 6 d
DUE TO
(C) Volvulus — 10 d.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis of liver — ?

19A. DATE OF OPERATION: 3-29-55
19B. MAJOR FINDINGS OF OPERATION: Volvulus, perfor. of mid. (sm) bowel.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1955 to 4/4, 1955, that I last saw the deceased alive on 4/4, 1955, and that death occurred at 10 25 A M, from the causes and on the date stated above.
SIGNATURE M. D. Miriam
ADDRESS Cumberland
DATE SIGNED 4-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/6/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR April 5, 1955
REGISTRAR'S SIGNATURE Winter L. Kantz, M.D.
24. FUNERAL DIRECTOR Charles L. George
ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03218

3230 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Blvd. Apts. Kelly Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,

STREET ADDRESS (If rural give location) Blvd. Apts. Kelly Blvd.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ARTHUR (Last) BIXLER

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 27, 1881	73 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired telegraph oper.	Western Md. Rwy.	Singers Glen, Va.	U. S.

13. FATHER'S NAME: Morgan J. Bixler

14. MOTHER'S MAIDEN NAME: Catherine Fulk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No,		705-10-7843-A	Mrs. Katherine Bixler Blvd. Apts. Cumb.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension C.V. Disease — years

DUE TO (C) Pernicious Anemia — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. , 19 55 to April 28, 19 55, that I last saw the deceased alive on April 27, 19 55, and that death occurred at about 1 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. D. M. Schneider — ADDRESS 41 Emmert, — DATE SIGNED 4/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/2/55	S. S. Peter & Pauls Cem.	Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 29, 1955	Walter R. Frantz, M.D.	Charles L. George	Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3231

CERTIFICATE OF DEATH

Reg. Dist. No. 03219 7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, rural
STREET ADDRESS (If rural give location) Rt. #2, Baltimore Pike

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Bramble

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12/2/77

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Deceased~~ John T. Bramble

14. MOTHER'S MAIDEN NAME: Eliza Lee ~~Deceased~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Pt's chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Herpes Zoster — 2 weeks

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19-55, to 4-30-55, that I last saw the deceased alive on 4-30-55, and that death occurred at 1:45 P. M, from the causes and on the date stated above.

SIGNATURE Ralph L. Baccini — ADDRESS M. D. Cumberland Md — DATE SIGNED 5-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF May 3, 1955 — NAME OF CEMETERY OR CREMATORY: Zion Memo. Park. — LOCATION (City, town or county) (State): Cumberland Md

DATE REC'D BY LOCAL REGISTRAR: May 2, 1955 — REGISTRAR'S SIGNATURE: Winter R. Mauk, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. — ADDRESS Cumb. Md

3232 03220

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 52 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 907 Shades Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~907 Shades Lane~~, Cumberland, Md.
STREET ADDRESS (If rural, give location) 907 Shades Lane

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Curtis Russell Brant	April 24 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 7, 1884	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Mch.	B.&O. Railroad	Flintstone, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Helper Henry W. Brant	Lavina Deihl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	705-05-5247	Mrs. Curtis R. Brant, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (420.1)	(a) Coronary Thrombosis	No interval
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Artery Disease	—
	(c) DUE TO	—

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ravages of Age —

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
—	—	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
—	—	Cumberland Alleg. Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— M.	—	—

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. H. Williams M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 4/27/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 26, 1955	Trinity Luth. Cem.	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25, 1955	Wintes R. Bantz, M. D.	John J. Hafer,	Cumberland, Maryland

Within corporate limits

03221

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3233

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, RT. #1
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) ~~BABY BOY~~ (Middle) George Randolph (Last) BRANT
4. DATE OF DEATH: (Month) APRIL (Day) 26 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: APRIL 22, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GLEN R. BRANT
14. MOTHER'S MAIDEN NAME: SUSAN DIEHL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Erythroblastosis Fetalis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rh Neg Sensitivity

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from .. .., 19....., to ....., 19 ... , that I last saw the deceased alive on ....., 19....., and that death occurred at 4:40A. M, from the causes and on the date stated above.

SIGNATURE Dudley B. Kuhlmann M. D. ADDRESS 23 Bedford St. DATE SIGNED 26 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/26/55
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 26, 1955
REGISTRAR'S SIGNATURE Wade R. Lantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Jr.
ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

20452232365

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0322B

3234

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Maryland — LENGTH OF STAY (in this place) 8 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital, Memorial Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Maryland — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clark (Middle) C. (Last) Butler

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: March 13 1917

9. AGE last birthday: 38 yrs — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Odd jobs

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clark C. Butler

14. MOTHER'S MAIDEN NAME: Mary Wilt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-14-7500

17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.2 IMMEDIATE CAUSE — (A) Status Epilepticus — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (B) Cerebral Neurosis — 7 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 3, 1955, to Apr 16, 1955, that I last saw the deceased alive on Apr 16, 1955, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE Clay R. Durrett M.D. — ADDRESS Cumberland — DATE SIGNED 4/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: April 19, 1955 — NAME OF CEMETERY OR CREMATORY: Grantsville Cemetery — LOCATION (City, town, or county) (State): Grantsville, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 18, 1955 — REGISTRAR'S SIGNATURE: Arnter R. Frantz, M.D.

24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: Grantsville Md

3282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 03223

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 248½ Center St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	W.	Capel	April	14	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Dec. 2-1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter, laborer,	City of Frostburg	Oskaloosa, Iowa	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Capel	Eliza Shriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	220-10-2437	Miners Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Acute cardiac dilatation	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Chronic myocarditis with hypertrophy.	?
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Impacted fracture of left humerous — 19 days

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF other public place) INJURY	21c. (City or town) (County) (State)
	Back yard home	Frostburg Allegany Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
3-24/55-5 P. M.		Fell against garage. Walking in back yard fractured arm.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-15-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-17-1955	Fbg. Memorial Park	Frostburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-17-55	Mrs. Nancy N. Poe	Joseph R. Durst.	Frostburg, Md.

VS. A15A - 5 - 53

Within corporate limits of W.F. WMS.

03224

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3235 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVENUES

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Mineral
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PIEDMONT R F X-3
STREET ADDRESS (If rural give location) 87 WEST HAMPSHIRE

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) A (Last) CAREY

4. DATE OF DEATH: (Month) APRIL (Day) 4 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH 7-2, 1891

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CASHIER

10B. KIND OF BUSINESS OR INDUSTRY: W.VA. LIQUOR CONTROL COM.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES CAREY

14. MOTHER'S MAIDEN NAME: MARY CAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

IMMEDIATE CAUSE (A) Dissecting Aneurysm — Few Hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — Years

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-, 1955 to 4-4-1955 that I last saw the deceased alive on 4-3-, 1955, and that death occurred at 4:45 A.M. from the causes and on the date stated above.

SIGNATURE W.F. Williams M.D. ADDRESS Cumberland DATE SIGNED 4-4-55 MD

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF April 6 1955 NAME OF CEMETERY OR CREMATORY St. Peters Cemetery LOCATION (City, town, or county) (State) Westernport, Maryland

DATE REC'D BY LOCAL REGISTRAR April 4, 1955 REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR Wedlock Funeral Home, ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03225

DR. VAN ORMER 3236 **CERTIFICATE OF DEATH**

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 HR. 55 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~LA VALE~~, Near Cumberland, Rural
STREET ADDRESS (If rural give location) R. F. D. #1, LaVale

3. NAME OF DECEASED: (Type or Print) (First) ISABEL (Middle) L ouella (Last) CAWLEY

4. DATE OF DEATH: (Month) APRIL (Day) 28 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: MAY 17, 1920

9. AGE last birthday 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse / HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES CHRISTIAN

14. MOTHER'S MAIDEN NAME: ROSE SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. II

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage, spontaneous — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arterial Hypertension — 8 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 27 19.. , to Apr. 28, 1955, that I last saw the deceased alive on Apr. 26, 1955, and that death occurred at 3:55A M, from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer M. D. ADDRESS Cumberland, Md. DATE SIGNED Apr. 29, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/30/55	St. Mary's Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 29, 1955	Walter R. Frantz, M.D.	H. Lee Silcox	Cumberland, Md.

3288

03226
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: Eckhart Mot
COUNTY Alleg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parkersburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Eckhart
STREET ADDRESS (If rural, give location) Parkersburg Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Coddington, Jr.

4. DATE OF DEATH (Month) 4- (Day) 18th (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3/22/1922

9. AGE Last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Ass't. Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Credit Co.

11. BIRTHPLACE (State or foreign country): Oakland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Coddington, Sr.

14. MOTHER'S MAIDEN NAME: Mabel V. Wotring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: 215-14-6389

17. INFORMANT & ADDRESS: George E. Coddington, Sr. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/21/55

NAME OF CEMETERY OR CREMATORY Oakland Cemetery

LOCATION (City, town, or county) Oakland, (State) Md.

DATE REC'D BY LOCAL REG. 4-19-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Jacob Hafer, 23 E. Main, Frostburg, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03227

3237

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place) 4 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS ~~La Vale~~ Mar, Cumberland (If rural give location) R. 7 - D. 1, LaVale

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) C. (Last) Coleman

4. DATE OF DEATH (Month) April, (Day) 28 (Year) 1955

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH July, 28. 1889

9. AGE last birthday 65 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Parking Lot Attendant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Barton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Coleman

14. MOTHER'S MAIDEN NAME: Susan Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) If Yes, give war or dates: Yes World War #1

16. SOCIAL SECURITY NO. 219 - 14 - 5828

17. INFORMANT & ADDRESS: Mrs. Allen Gardner, (Sister) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSE (B) DUE TO: Congestive Heart Failure — 2 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Coronary Heart Disease — 1 yrs.

(42.2)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Secondary Syphilis ?

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 19 55, to 28 Apr, 19 55, that I last saw the deceased alive on Apr. 19 55, and that death occurred at 9:20 AM, from the causes and on the date stated above.

SIGNATURE Mrs. Allen Gardner — ADDRESS M. D. Lonaconing, Md. — DATE SIGNED 4-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May, 1. 1955 — NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery — LOCATION (City, town, or county) Moscow, Md. (State)

DATE RECD BY LOCAL REGISTRAR April 29, 1955 — REGISTRAR'S SIGNATURE Wintter L. Fantz, M.D.

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md. — ADDRESS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03228

3238 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany Md. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Decatur St. Cumberland, Md. Sacred Heart Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md. 02
STREET ADDRESS (If rural give location) 532 Green St.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Collins

4. DATE OF DEATH (Month) (Day) (Year) April 17 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: January 26, 1891

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 64 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Elmer H. Collins~~ Robert Massey

14. MOTHER'S MAIDEN NAME: Anna Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Sister Mrs. Florence Denson, 532 Green St. City

16. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4-43X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage 2 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Hypertension C.V. Disease (?)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at M, from the causes and on the date stated above.

SIGNATURE B. M. Schindler M. D. ADDRESS 41 Bruce St DATE SIGNED 4/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/19/55 | NAME OF CEMETERY OR CREMATORY Sumner Cemetery | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 19, 1955 | REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03229

3239 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 Columbia Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 407 Columbia Street

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) (Last) Corfield

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: April 11, 1874 | 9. AGE last birthday: 81 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Montgomery Brown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Mrs. William Brady Daughter Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral Embolism	1 Da.
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Phlebothrombosis - left Leg	7 Da.
	DUE TO (C) Arteriosclerotic Heart Disease	15 Yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized Arteriosclerosis

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None | 21C. WHERE DID INJURY OCCUR? (City or town) None (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954, to April 16, 1955, that I last saw the deceased alive on April 16, 1955, and that death occurred at 8.05 A.M. from the causes and on the date stated above.
SIGNATURE J. T. Vallinaro M.D. ADDRESS 140 Bedford St Cumberland Md. DATE SIGNED 4-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF April 18, 55 | NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park | LOCATION (City, town, or county) Cumberland, (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 16, 1955 | REGISTRAR'S SIGNATURE Winter L. Lantz M. D.

24. FUNERAL DIRECTOR George Eichhorn ADDRESS Lonaconing, Md.

Within corporate limits
Within corporate limits

MARYLAND

03230

STATE DEPARTMETT OF HEALTH

1 3240

CERTIFICATE OF DEATH

Reg. Dist. No. 4

Item 8, Film G181 5-6-55 et

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Cumberland~~ Bing Gap
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) (Last) Crabtree

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 1, 1884

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pine Hills Allegany Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ross Crabtree

14. MOTHER'S MAIDEN NAME: Martha Middleton Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give year or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Emma Meyers 114 Thomas St., Cumb., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4427
Immediate cause (a) Chronic Myocarditis — Interval between onset and death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Syphilis — ?

(c) Cerebral Arteriosclerosis. — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Psychosis & Mental Deficiency — 15 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2 1955 to Apr. 27, 1955 that I last saw the deceased alive on Apr. 26, 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED 4-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE April 29, 1955 — NAME OF CEMETERY OR CREMATORY Oldtown Cemetery — LOCATION (City, town, or county) Oldtown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR'S REG. April 26, 1955 — SIGNATURE OF LOCAL REGISTRAR Wynter K. Lantz M.D.

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, — ADDRESS "

MARGIN RESERVED FOR BINDING

I

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03231

! 3241 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND
LENGTH OF STAY (in this place) 3/11/52
02
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary
91

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
02
STREET ADDRESS (If rural give location) 212 South Lee Street
1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Franklin (Last) Cramer

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH. 9/10/1871

9. AGE last birthday 83 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B KIND OF BUSINESS OR INDUSTRY: City Laborer

11. BIRTHPLACE (State or foreign country): Maryland Sharpsburg

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Cumberland Street Dept. James Cramer

14. MOTHER'S MAIDEN NAME: Mary E. Moore

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17 INFORMANT & ADDRESS: Allegany County Infirmary

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Myocarditis — ?

DUE TO (C) Cerebral Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Asthma — ?

19A DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11th, 1952 to Apr. 14th, 1955, that I last saw the deceased alive on Apr. 13th, 1955, and that death occurred at 2:30 M, from the causes and on the date stated above.

SIGNATURE James E. McLean ADDRESS M.D. 47 Grove St DATE SIGNED 4-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-18-1955 | NAME OF CEMETERY OR CREMATORY Mountain View Cem. | LOCATION (City, town, or county) Sharpsburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR April 16, 1955 | REGISTRAR'S SIGNATURE Wrates L. Trautz, M. D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Within one year after death DR. STEGMAIER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03232

3242 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (In this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPTIAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 128 GREENE STREET

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) M (Last) CRITES

4. DATE OF DEATH: (Month) APRIL (Day) 21 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 4 1910

9. AGE last birthday 45 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10B. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM SWEENEY

14. MOTHER'S MAIDEN NAME: CLARA MARTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-6922

17. INFORMANT & ADDRESS: Clyde Crites, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1. IMMEDIATE CAUSE	(A) Metastatic Carcinoma	2 mo.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinoma of cervix	6 mo
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to April, 1955, that I last saw the deceased alive on 21 April, 1955, and that death occurred at 7:06 P.M., from the causes and on the date stated above.

SIGNATURE James G. Stegmaier M. D. ADDRESS Cumberland Md. DATE SIGNED 21 April 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April. 24, 1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 24, 1955

REGISTRAR'S SIGNATURE Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR Charles L. George, ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Within corporate limit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03233

3243 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Yale Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 708 Yale Street

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) R. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) April 8, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH. Aug. 12, 1914

9. AGE last birthday 40 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY. B. & O. RR

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest F. Davis

14. MOTHER'S MAIDEN NAME: Nannie P. Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW2

16. SOCIAL SECURITY NO. 214-07-6132

17. INFORMANT & ADDRESS Marguerite Davis, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 45 1/X (A) DUE TO Dissecting Aneurysm — INTERVAL BETWEEN ONSET AND DEATH Less than 24 hrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7-, 1955, to 4-8-, 1955, that I last saw the deceased alive on 4-7-, 1955, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE W. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 4-8-55 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 11, 1955

NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 9, 1955

REGISTRAR'S SIGNATURE Walter L. Trautz, M.D.

24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

3289 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03234

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Luke
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 325 Pratt St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke X
STREET ADDRESS (If rural give location) 325 Pratt St

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Dick

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: 20 Sept 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR, Months — Days — IF UNDER 24 HRS., Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hancock Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Shoemaker

14. MOTHER'S MAIDEN NAME: Susan Weller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John Dick, Luke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1955 to April 22, 1955, that I last saw the deceased alive on April 22, 1955 and that death occurred at 8:00 A M, from the causes and on the date stated above.

SIGNATURE James M Workman Jr M.D. ADDRESS Piedmont W. Va DATE SIGNED April 23. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF 4-25-55 NAME OF CEMETERY OR CREMATORY Philos Cemetery LOCATION (City, town, or county) (State) Westernport Md

DATE REC'D BY LOCAL REGISTRAR Apr 25, 1955 REGISTRAR'S SIGNATURE Mrs Jean C. Kelly

24. FUNERAL DIRECTOR E. A. Beal ADDRESS Westernport Md

Dr. Mirkin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03235

3244 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) CUMBERLAND, MD. 02
MARYLAND
LENGTH OF STAY (in this place) 138 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Memorial Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~BARTON, MARYLAND~~ Moscow
STREET ADDRESS (If rural give location) Rt.#1, Barton

3. NAME OF DECEASED: (Type or Print) (First) EVERETT (Middle) (Last) DUCKWORTH

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH. June 13 1879

9. AGE last birthday: 75 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison Duckworth

14. MOTHER'S MAIDEN NAME: Mary L. Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1a IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Carcinoma of prostate DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: one yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12-4-54

19B. MAJOR FINDINGS OF OPERATION: Obstruction of rectum & urethra

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 11-24, 1954, to 4-11-, 1955 that I last saw the deceased alive on 4-11, 1955, and that death occurred at 6:10PM. from the causes and on the date stated above.

SIGNATURE L. Mirkin M.D. ADDRESS Cumberland Md DATE SIGNED 4-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: April 14, 1955 | NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery | LOCATION (City, town, or county) (State): Moscow, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 13, 1955 | REGISTRAR'S SIGNATURE: Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR: George Eichhorn | ADDRESS: Lonaconing, "

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

DR. W F WMS. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **03236**

3245 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   - COUNTY: ALLEGANY
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND
   - MARYLAND — LENGTH OF STAY (in this place): 10 DAYS
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: MARYLAND — COUNTY: ALLEGANY
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   - STREET ADDRESS (If rural give location): 805 COLUMBIA AVE.

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) A (Last) FIRLIE

4. DATE OF DEATH: (Month) APRIL (Day) 7 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: SEPT 22, 1887

9. AGE last birthday: 67 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: George Construction Co

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA, New Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph [illegible] FIRLIE

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-8765

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 1/ Days

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M — 21E INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1955 to 4-7, 1955 that I last saw the deceased alive on 4-7, 1955 and that death occurred at 7:45P M, from the causes and on the date stated above.

SIGNATURE W. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 4-8-55

23. BURIAL, CREMATION REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 11, 55	Sts. Peters & Pauls	Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 9, 1955	Walter R. Krantz, M.D.	John J. Hafer	Cumberland, Maryland

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03237

3246 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural give location) 112 N. Smallwood St.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Coudy (Last) Fisher

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 17 1881

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Graves

14. MOTHER'S MAIDEN NAME: Harriet Feaga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Husband G. Walter Fisher, 112 N. Smallwood St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion
DUE TO
ANTECEDENT CAUSE (B) Arteriosclerotic Hypertensive Cardio-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Vascular Disease
(420.1)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 1955, to 4/27, 1955, that I last saw the deceased alive on 4/27, 1955, and that death occurred at 6-20 P. M, from the causes and on the date stated above.

SIGNATURE Geo. H. Levy Jr. M. D. ADDRESS 456 N. Centre St. DATE SIGNED 4/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 30, 1955
NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 29, 1955
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

3283

03238
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Spruce St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 183 Green St.

3. NAME OF DECEASED: (Type or Print) (First) Hilda (Middle) Madeline (Last) Folk

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 8, 1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Twist Tester

10b. KIND OF BUSINESS OR INDUSTRY: Textile Celanese Corp

11. BIRTHPLACE (State or foreign country): Western Port, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Patrick Sullivan

14. MOTHER'S MAIDEN NAME: Elizabeth Guy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 215-10-8088

17. INFORMANT & ADDRESS: Gerald Folk, 183 Green St Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage from Reverend — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Lt Carotid artery — DUE TO

(c) Laceration of Mandible — post to a

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Westernport (County) Alleg. (State) Md.

21d. TIME OF INJURY (Month) 4 (Day) 24 (Year) 55 (Hour) 11:00 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Self-inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. H. Williams M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-27-55

NAME OF CEMETERY OR CREMATORY Queens Point Cem

LOCATION (City, town, or county) (State) Keyser, W. Va.

DATE REC'D BY LOCAL REG. 4-25-55

REGISTRAR'S SIGNATURE Thomas C. Kelly

24. FUNERAL DIRECTOR E. S. Boal

ADDRESS Westernport, Md.

VS. A15A - 5 - 53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03239

CERTIFICATE OF DEATH

3247

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): 50 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1101 Lexington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 1101 Lexington Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James	H.	Foreman, Jr.	4	19	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 5, 1867	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Fireman	Tin Mill	Harpers Ferry, W. Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James H. Foreman	Annie Giddie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — No	None	Mrs. Margaret Davidson, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Uraemia	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Myocarditis	5 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Apr. 5, 19 55, to Apr. 18, 19 55, that I last saw the deceased alive on Apr. 18, 19 55, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE: Clay S. Durrett (DEGREE OR TITLE) ADDRESS: Cumberland DATE SIGNED: 4/21/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-22-55	Rose Hill Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.:	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 21, 1955	Walter R. Frantz, M.D.	James F. Scarrelli	Cumberland, Md.

VS. A15 8-51

Within corporate limits DR. LEY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03240

3248

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 29 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 504 PARK STREET

3. NAME OF DECEASED: (Type or Print) (First) ARLINGTON (Middle) L. (Last) FOSTER

4. DATE OF DEATH: (Month) APRIL (Day) 19 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: OCT. 3 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman

10B. KIND OF BUSINESS OR INDUSTRY: Undergarment Factory

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN FOSTER

14. MOTHER'S MAIDEN NAME: MARY LUDWIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. 220-10-2583

17 INFORMANT & ADDRESS: Records Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1

(A) Coronary Occlusion

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardio-Vascular Disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1955, to 4/19, 1955, that I last saw the deceased alive on 4/19, 1955, and that death occurred at 9:10 AM from the causes and on the date stated above.

SIGNATURE Leo N. Ley Jr. M.D. ADDRESS 456 N. Centre St. DATE SIGNED 4/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/21/55

NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery

LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REGISTRAR April 20, 1955

REGISTRAR'S SIGNATURE Walter R. Manly, M.D.

24 FUNERAL DIRECTOR David Steen Inc

ADDRESS Cumberland Md

Dr. Simons

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03241

3249

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL) OR TOWN 02 CUMBERLAND, MD.
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Memorial Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
STREET ADDRESS (If rural give location) 437 Ascension St.,

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) L. (Last) GATES

4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: July 16, 1878
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Don't use retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James R. Norris
14. MOTHER'S MAIDEN NAME: Mary Creek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE 170X
(A) Carcinoma Breast
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1955 to 4/11, 1955, that I last saw the deceased alive on 4/11, 1955, and that death occurred at 10:28 P.M., from the causes and on the date stated above.

SIGNATURE: Troy M Brown M.D.
ADDRESS: Cumberland Md
DATE SIGNED: 4/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/14/55
NAME OF CEMETERY OR CREMATORY: Greemount Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 13, 1955
REGISTRAR'S SIGNATURE: Hunter R Hantz M.D.
24. FUNERAL DIRECTOR: Louis Stein, Inc.
ADDRESS: Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03242

DR. HALLINAN 3250 CERTIFICATE OF DEATH Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 201 SPRING STREET

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) C. (Last) GORDON

4. DATE OF DEATH: (Month) APRIL (Day) 17, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: FEBRUARY 5, 1906

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months | Days IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARMAN HELPER

10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.CO.

11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLIFFORD GORDON

14. MOTHER'S MAIDEN NAME: MARGARET WEISENMILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-07-9668

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 Da.

ANTECEDENT CAUSE (B) DUE TO Coronary Heart Disease — 7 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) none

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. none

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1955, to April 17, 1955, that I last saw the deceased alive on April 17, 1955, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE J. L. Hallinan M.D. ADDRESS 144 Bedford St. Cumberland, Md. DATE SIGNED April 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Apr. 20, 1955 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Cumberland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR April 20, 1955 | REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland, Md.

VS. A15—10-53

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **03243**

CERTIFICATE OF DEATH

3251 Reg. Dist. No. 4

1. PLACE OF DEATH.
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 1 hr. 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania COUNTY Bedford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bedford Valley
STREET ADDRESS (If rural give location) Route #3

3. NAME OF DECEASED (Type or Print) (First) David (Middle) M. (Last) Growden

4. DATE OF DEATH (Month) 4-24-55 (Day) (Year) 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 1-24-54
9. AGE last birthday [redacted] yrs. IF UNDER 1 YEAR Months 3 Days; IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Pa. Centreville
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alvin Growden
14. MOTHER'S MAIDEN NAME: Pearl Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: mil. Chart Sacred Ht. Hosp. Cumberland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Waterhouse-Friderichsen's syndrome — INTERVAL BETWEEN ONSET AND DEATH 12 Hrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? 5.10 PM - 6.30 PM

22. I hereby certify that I attended the deceased from 4/24, 19 55, to 4/24, 19 55, that I last saw the deceased alive on 4/24, 19 55, and that death occurred at 6:30 PM from the causes and on the date stated above.

SIGNATURE Elizabeth Jones M. D. ADDRESS 55 Greene St. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Apr. 26. 1955
NAME OF CEMETERY OR CREMATORY Fellowship Cemetery
LOCATION (City, town, or county) Centreville, Bedford Co. Pa. (State)

DATE REC'D BY LOCAL REGISTRAR April 26, 1955
REGISTRAR'S SIGNATURE Walter R. Krantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer. ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03244

3290

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lonaconing; MARYLAND LENGTH OF STAY (in this place) 80yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Charlestown Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing X; STREET ADDRESS (If rural give location) Charlestown Street 1

3. NAME OF DECEASED. (Type or Print) (First) DRUIE (Middle) (Last) HACKER

4. DATE OF DEATH (Month) April, (Day) 9th (Year) 55 19

5. SEX Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb, 21. 1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housework

10B. KIND OF BUSINESS OR INDUSTRY. Own Home

11. BIRTHPLACE (State or foreign country) Lonaconing, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. Samuel Moses

14. MOTHER'S MAIDEN NAME. Rebecca Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS MRS. Thomas Clark, (Daughter) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary Occlusion	2d.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Coronary Heart Disease DUE TO	1 yrs.
	(C) Arteriosclerosis	5 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 19 55, to 4/9, 19 55, that I last saw the deceased alive on 4/9, 19 55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE S. Richards Jr. M. D. ADDRESS Lonaconing Md DATE SIGNED 4-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF April, 12. 55; NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery; LOCATION (City, town, or county) Lonaconing, MD. (State)

DATE REC'D BY LOCAL REGISTRAR 4-12-55; REGISTRAR'S SIGNATURE Jeanette M Boal

24. FUNERAL DIRECTOR George Eichhorn, ADDRESS Lonaconing, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03245

3252 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place) 29da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat Furnace Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 950 Gay St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Charles Brace Hickle

4. DATE OF DEATH: (Month) (Day) (Year) 4 22 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 5 17 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired): Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY: W.M. Lumber Co,

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Hickle

14. MOTHER'S MAIDEN NAME: Susan Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Minnie Hickle, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral arteriosclerosis — ?

DUE TO (C) Osteo-arthritis (Deforming) — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Alcoholic psychosis — ?

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1955, to Apr. 22, 1955, that I last saw the deceased alive on Apr. 22 1955, and that death occurred at 12 P. M, from the causes and on the date stated above.

SIGNATURE James B. McLean ADDRESS M. D. 49 Greene St. DATE SIGNED 4-23-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 25 1955

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR April 24, 1955

REGISTRAR'S SIGNATURE Winter R. Trautz, M.D.

24. FUNERAL DIRECTOR William H. Kight

ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

3253

03246

Items 1a-1 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): Eight years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 215 W. Oldtown Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Timberlake (Last) Holland

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 18 1876

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Wva Pulp & Paper Co

11. BIRTHPLACE (State or foreign country): Winchester, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Holland

14. MOTHER'S MAIDEN NAME: Margaret Baylis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-9408

17. INFORMANT & ADDRESS: Mrs. C.M. Holland, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

97 Immediate cause (a) Not determined — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO BARBITURIC ACID POISONING — [illegible] HRS.

(c) (SUICIDE)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Myocardial degeneration -ACVD- Cerebral arterio-sclerosis Chronic Nephritis terminal state

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Cumberland (County) Alleg (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ — Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☒.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 25 1955

NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG. April 24, 1955

REGISTRAR'S SIGNATURE [signature] M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, ADDRESS Md.

VS. A15A - 5 - 53

Within corporate limits

3254 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03247

DR. W.F. WILLIAMS

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (In this place) 38 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEDFORD
STREET ADDRESS (If rural give location) BOX 432 605 S. Richards, St

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) A (Last) HOLSOPPLE

4. DATE OF DEATH: (Month) APRIL (Day) 10 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: SEPTEMBER 22, 1917

9. AGE last birthday 37 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIETICIAN

10B. KIND OF BUSINESS OR INDUSTRY: BEDFORD MEMORIAL HOSP.

11. BIRTHPLACE (State or foreign country): BEDFORD, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: IRA L. FOREMAN

14. MOTHER'S MAIDEN NAME: CORA C. DIBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 205-01-9626

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 X

IMMEDIATE CAUSE (A) Carcinomatosis Thoracic Cavity

ANTECEDENT CAUSE (B) DUE TO Carcinoma of breast Dec '53

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Dec '53

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of breast.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-, 1955, to 4-10, 1955 that I last saw the deceased alive on 4-9-, 1955, and that death occurred at 12:15 A M, from the causes and on the date stated above.

SIGNATURE W.F. Williams M. D. ADDRESS Cumberland DATE SIGNED 4-10-55 M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/13/55
NAME OF CEMETERY OR CREMATORY: Bedford Memorial Cem.
LOCATION (City, town, or county) (State): Bedford Penna.

DATE REC'D BY LOCAL REGISTRAR: April 11, 1955
REGISTRAR'S SIGNATURE: Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR: Louis Geisel - ADDRESS: Bedford, Penna.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Sonido

3291 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03248

CERTIFICATE OF DEATH

Reg. Dist. No. 9

tem 9, Film 181 5-9-55 et

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. No 1 Frostburg, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Carlos
STREET ADDRESS (If rural give location) R. D. No 1 Frostburg, Md

3. NAME OF DECEASED: (First) Goldie (Middle) O. (Last) Hott

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: Aug 3 1907 | 9. AGE last birthday 47 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Carlos, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archie B. Hott | 14. MOTHER'S MAIDEN NAME: Edith Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Carlos, Md. Mrs. Archie Hott (mother)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 1 day

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Epilepsy, severe — since birth
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1955, to 4/22, 1955, that I last saw the deceased alive on 4/21, 1955, and that death occurred at 5:55 AM, from the causes and on the date stated above.
SIGNATURE John B. Davis, M. D. ADDRESS Frostburg, Md. DATE SIGNED 4/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-24-1955 | NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 4-28-55 | REGISTRAR'S SIGNATURE M. Nancy N. Pole | 24. FUNERAL DIRECTOR Durst Taylor | ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits DR. WILMER L. WRIGHT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03249

3255 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND 02
STREET ADDRESS (If rural give location) 31 WEBER ST. 1

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) Jay (Last) HOWARD

4. DATE OF DEATH (Month) APRIL (Day) 17 (Year) 1955

5. SEX MALE

6. COLOR OR RACE. WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH JULY 17 1883

9. AGE last birthday 71 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Postal Clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) VERMONT

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE HOWARD

14. MOTHER'S MAIDEN NAME LUELLA CARPENTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Acute [illegible] DUE TO

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH 6 D

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible] to April, 1955, that I last saw the deceased alive on April 16, 1955, and that death occurred at 10:05AM from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 133 N. Mechanic St. DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/20/55

NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 18, 1955

REGISTRAR'S SIGNATURE Wintes R. Trautz, M.D.

24. FUNERAL DIRECTOR H. Lee Silcox

ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Write in space below dotted line

Sender for Dr. Wellington

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3256 CERTIFICATE OF DEATH

03250

Reg. Dist. No. 4

1. PLACE OF DEATH: Allegany COUNTY — MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
LENGTH OF STAY (in this place): 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE — Allengany COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 432 Grand Avenue

3. NAME OF DECEASED: (First) Mary (Middle) Ellen (Last) Joyce
4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-22-05
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas F. Joyce
14. MOTHER'S MAIDEN NAME: Ellen Rowan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Self Paul Joyce 432 Grand Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

414X

IMMEDIATE CAUSE (A) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Valvular Heart disease, rheumatic — 3 years?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Apr. 55, 19..., to 28 Apr., 1955, that I last saw the deceased alive on 26 Apr. 55, 19..., and that death occurred at 8 P. M., from the causes and on the date stated above.

SIGNATURE: W. A. Van Orne, M. D. — ADDRESS: Cumberland, Md. — DATE SIGNED: 30 Apr. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 5-2-55 — NAME OF CEMETERY OR CREMATORY: St. Partick Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 30, 1955 — REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03251

3257 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 911 Louisanna Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hallie (Middle) Pattie (Last) Kesler

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 10, 1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Willowton, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis H. Davis

14. MOTHER'S MAIDEN NAME: Lillie B. Crowford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Pts Chart Ella Twigg 911 La. Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.0 IMMEDIATE CAUSE (A) Arterial Embolism (Femoral) — INTERVAL BETWEEN ONSET AND DEATH: 24 h

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Vegetative Heart disease — 2 yrs.

DUE TO (C) endocarditis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4.29.55

19B. MAJOR FINDINGS OF OPERATION: Femoral artery embolism

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.29.55, 19.., to 4.30.55, 19.., that I last saw the deceased alive on 4.30.55, 19.., and that death occurred at 3 19 P. M, from the causes and on the date stated above.

SIGNATURE C. C. Zimmerman M. D. ADDRESS Cumberland Md. DATE SIGNED 5.1.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-4-55 — NAME OF CEMETERY OR CREMATORY St Peter and Paul Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR May 2, 1955 — REGISTRAR'S SIGNATURE Walter K. Faux M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03252

3258 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
STREET ADDRESS (If rural give location) 79 Greene St.,

3. NAME OF DECEASED: (Type or Print) (First) APPOLLONIA (Middle) (Last) KRAFT

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 1955

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: July 22, 1869 | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Cumberland, Md. | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Kraft

14. MOTHER'S MAIDEN NAME: Sarah Ann Guthman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Miss Anna Kraft 79 Greene St., Cumb. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 448X

(A) Hypertensive Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 6 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.31, 1949 to 4.23, 1955 that I last saw the deceased alive on 4-22, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE W. K. Williams M. D. ADDRESS Cumberland DATE SIGNED 4-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/26/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 26, 1955 | REGISTRAR'S SIGNATURE Walter R. Franke, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Within corporate limits

03253

MARYLAND

STATE DEPARTMETT OF HEALTH

3259

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 434 Pennsylvania Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 434 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eva	Dell	Lapp	Apr. 18, 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Female	White	Widowed	June 8, 1882	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Frostburg, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew T. McLuckie	Alice Larue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Mrs. Wm. Yates, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: About

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteria sclerosis — 12 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1940, to Apr. 18, 1955, that I last saw the deceased alive on Apr. 18, 1955, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE W. L. Williams (Degree or title) ADDRESS Cumberland DATE SIGNED Apr 19 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 21, 1955	Hillcrest Bur. Park	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 21, 1955	Wirtes K. Lantz M.D.	John J. Hafer	Cumberland, Maryland

MARGIN RESERVED FOR BINDING

3284

03254

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 9

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A-5-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 McCollough St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland 02
STREET ADDRESS (If rural, give location) 104 East First St. 1

3. NAME OF DECEASED: (Type or Print) (First) Hettie (Middle) (Last) MacDonald

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widow	Nov.11-1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Practical Nurse Housewife	Private Homes	Barton, Md.	U.S.A.

13. FATHER'S NAME: Phillip Keyes

14. MOTHER'S MAIDEN NAME: Elizabeth Varnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-32-7339

17. INFORMANT & ADDRESS: MacDonald (daughter) Myrtle McDonald, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Acute myocardial failure	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic myocarditis with hypertrophy	several years.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED April-11-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-12-55	Rose Hill Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 12, 1955 4-13-55	Mrs. Nancy N. Rae	James F. Scarpelli Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03255

3260

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND LENGTH OF STAY (in this place) 2yrs.1m.10da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat Furnace Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 360 Frederick St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E. (Last) Mankamyer

4. DATE OF DEATH. (Month) 4 (Day) 22 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: June 9 1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own House

11. BIRTHPLACE (State or foreign country): Glencoe, Somerset Co, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Martz

14. MOTHER'S MAIDEN NAME: Sarah Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Elsie Sims, Cleveland, Ohio

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
42.1 IMMEDIATE CAUSE	(A) Acute Myocarditis,	?
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cerebral Arteriosclerosis,	?
	DUE TO (C) Senility	2 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis - Depression 3 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1955, to Apr. 22 1955, that I last saw the deceased alive on Apr. 22 1955, and that death occurred at 5.15 P M, from the causes and on the date stated above.

SIGNATURE James E. McLean M. D. ADDRESS 49 Green St. DATE SIGNED 4-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 25 1955

NAME OF CEMETERY OR CREMATORY St. Johns Cemetery

LOCATION (City, town, or county) (State) Sand Patch, Somerset Co Pa.

DATE REC'D BY LOCAL REGISTRAR April 24, 1955

REGISTRAR'S SIGNATURE Wirt L. Martz, M.D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03256

DR. FAW 3261 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA. COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEDFORD, Rural
STREET ADDRESS (If rural give location) RT. # 3

3. NAME OF DECEASED: (First) FLORIBEL (Middle) Gray (Last) MARKWOOD (Type or Print)

4. DATE OF DEATH: (Month) 4-24 (Day) (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 6-5-1905

9. AGE last birthday 49 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Lancaster, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM E. GRAY

14. MOTHER'S MAIDEN NAME: IDA M. DIBBLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Carcinoma of ovary bilateral due to
(B) metastasis to the liver due to
(C) Terminal cachexia

INTERVAL BETWEEN ONSET AND DEATH
(A) Appx 2yrs.
(B) Appx 1 yr.
(C) 3 months.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Nov 1, 1954
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary bilateral
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1954 to Apr. 24, 1955, that I last saw the deceased alive on Apr. 24, 1955, and that death occurred at 4:40 P M, from the causes and on the date stated above.
SIGNATURE T. W. Faw Jr M. D. ADDRESS Cumberland DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/27/55
NAME OF CEMETERY OR CREMATORY Mt. Rose Hill Cem.
LOCATION (City, town, or county) (State) Coply Twn. Akron Ohio

DATE REC'D BY LOCAL REGISTRAR April 25, 1955
REGISTRAR'S SIGNATURE Wintes R. Fauntz, M.D.
24. FUNERAL DIRECTOR ADDRESS Louis Geisel - Bedford, Penna.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03257

3262 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
MARYLAND
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS In front of Home 217 Race St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural give location) 217 Race St.

3. NAME OF DECEASED: (Type or Print) Francis (First) Basil (Middle) Moreland (Last)

4. DATE OF DEATH (Month) April (Day) 12, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 26, 1881

9. AGE last birthday: 73 yrs

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocery Store

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Moreland

14. MOTHER'S MAIDEN NAME: Mary Shatzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-32-3272

17. INFORMANT & ADDRESS: Francis B. Moreland Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Heart Disease with Congestive failure. — 2 years

DUE TO (C) arterial hypertension — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to 12 pm., 1955, that I last saw the deceased alive on 11 pm., 1955, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

SIGNATURE W. D. V. Adams M.D. ADDRESS Cumberland, Md. DATE SIGNED 13 pm. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-15-55 | NAME OF CEMETERY OR CREMATORY St Mary's Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE RECD BY LOCAL REGISTRAR April 14, 1955 | REGISTRAR'S SIGNATURE Walter R. Beasley, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland Md

3292 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03258

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lonaconing; MARYLAND LENGTH OF STAY (in this place) 63 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing X 1; STREET ADDRESS (If rural give location) Church Street

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) (Last) MURPHY

4. DATE OF DEATH (Month) (Day) (Year) April/6th. 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH. Jan, 8th. 1892

9. AGE last birthday IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS Hours / Min. 63 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10B. KIND OF BUSINESS OR INDUSTRY. Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Murphy

14. MOTHER'S MAIDEN NAME: Mary Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Ye, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Margaret Murphy (SISTER) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Coronary Occlusion	2 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Congestive Heart Failure.	4-5 mo.
	DUE TO (C) Arteriosclerotic Heart Disease	1-2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to 6 April, 1955, that I last saw the deceased alive on 6 April, 19 55, and that death occurred at 6a M, from the causes and on the date stated above.

SIGNATURE J. Richards M.D. ADDRESS Lonaconing, Md DATE SIGNED 6/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF April 9; NAME OF CEMETERY OR CREMATORY St. Marys Cemetery; LOCATION (City, town, or county) Lonaconing, MD. (State)

DATE REC'D BY LOCAL REGISTRAR 4/9/55; REGISTRAR'S SIGNATURE Jannette M Boal

24. FUNERAL DIRECTOR George Eichhorn, ADDRESS Lonaconing, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03259

3263

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing, Md.
STREET ADDRESS (If rural give location) 33 West Main St.

3. NAME OF DECEASED: (Type or Print) (First) Mary Alice (Middle) (Last) Neff

4. DATE OF DEATH: (Month) (Day) (Year) 4-2-55 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH. 8-8-80

9. AGE last birthday 74 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Clapp

14. MOTHER'S MAIDEN NAME: Ella Hedrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Miss Mary Neff (Daughter) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Arteriosclerotic Heart Disease — 1-2 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to 4-2, 1955, that I last saw the deceased alive on 4-2, 1955, and that death occurred at 8:55 P M, from the causes and on the date stated above.

SIGNATURE J. Richard M. D. ADDRESS Lonaconing DATE SIGNED 4-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF April 5. 1955 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) (State) Lonaconing, Md

DATE REC'D BY LOCAL REGISTRAR April 5, 1955 — REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS George Eichhorn, Lonaconing, MD

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

3264

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 03260

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 30 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 Miltenburger Place

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 1 Miltenburger Place

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
John William Randalls	April 7 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	Sept. 24-1885	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Blacksmith	B. & O. R. Ry.	Keyser, W. Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Randalls	Mary Sue Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	705-05-4664	(wife) Minnie Ellsworth Randalls, City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Asthenia	7 months
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Malnutrition	gradual
	DUE TO		
	(c)	Anorexia	3 weeks
		Chronic gastric ulcer.	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: April 7-1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/11/1955	Mt. Memorial Burial Park	Cumberland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 9, 1955	Wirter R. Bantz M.D.	Thomas H. Kight	Cumberland Md

VS. A15A - 5 - 53

DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03261

3265 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 333 MT. VIEW DRIVE

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W (Last) RAYGOR

4. DATE OF DEATH (Month) APRIL (Day) 18 (Year) 1955

5. SEX MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH. MARCH 26, 1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never "Retired") Retired Conductor

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country). Avilton Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OLIVER RAYGOR

14. MOTHER'S MAIDEN NAME: MARY C BITZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Vincent Bargman (Daughter) City

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Nephritis with uremia

ANTECEDENT CAUSE (B) DUE TO arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8-, 1955, to 4-18-, 1955, that I last saw the deceased alive on 4-18-, 1955 and that death occurred at 8:58P M, from the causes and on the date stated above.

SIGNATURE Howard L Tolson M.D. ADDRESS Cumberland Md. DATE SIGNED 4-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-21-55

NAME OF CEMETERY OR CREMATORY St. Marys Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 21, 1955

REGISTRAR'S SIGNATURE Wilter R. Haupt, M.D.

24. FUNERAL DIRECTOR ADDRESS James J. Barbelli, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

3285

2411 N. Charles Street, Baltimore

03262

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (In this place) 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital 61

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Retallic
4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July, 25. 1873
9. AGE last birthday: 81 yrs. — If under 1 year: Months. — If under 24 hrs.: Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Midland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Toll
14. MOTHER'S MAIDEN NAME: ------ Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Isabella Morgan (Daughter) Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) ADVANCED CARCINOMA OF LIVER — ??

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ✓ — (CITY OR TOWN) ✓ — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 3/30, 1955, to 4/6, 1955, that I last saw the deceased alive on 4/6, 1955, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Martin Weltstein M.D. 48 Broadway - Frostburg Md. 4/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 9, 55
NAME OF CEMETERY OR CREMATORY: Memorial Park
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 4-9-55
REGISTRAR'S SIGNATURE: Dan Nancy H. Roe
24. FUNERAL DIRECTOR: George Eichhorn, Lonaconing, Md. — ADDRESS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03268

3266 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; LENGTH OF STAY (in this place) 4 yr. 1m. 18da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat Furnace Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location) 236 Williams St.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Rexrode

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. 8. DATE OF BIRTH: Oct. 12, 1877 9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own Home 11. BIRTHPLACE (State or foreign country): Fairmont, West Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rollins 14. MOTHER'S MAIDEN NAME: Emma Wear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Mrs. Jas. W. Dufrey, Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Pulmonary Hypotension — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Chronic Myocarditis — ?

(C) Cerebral arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis — 5 yrs.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Apr. 22 1955 that I last saw the deceased alive on Apr. 22 1955, and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE James B. McLean M. D. ADDRESS 49 Greene St DATE SIGNED 4-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Apr. 25, 1955 NAME OF CEMETERY OR CREMATORY Ca.p Hill Cemetery LOCATION (City, town, or county) Paw Paw, West Virginia (State)

DATE REC'D BY LOCAL REGISTRAR April 25, 1955 REGISTRAR'S SIGNATURE Wroten R. Fantz, M.D. 24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03264

3267 **CERTIFICATE OF DEATH**

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 CUMBERLAND
LENGTH OF STAY (in this place) 5 HRS. 20 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY ALLEG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND 02
STREET ADDRESS (If rural give location) 403 CENTRAL AVENUE 1

3. NAME OF DECEASED: (Type or Print) (First) BABY GIRL (Middle) (Last) RICE #1

4. DATE OF DEATH: (Month) APR. (Day) 24 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: APR. 24, 1955

9. AGE last birthday yrs. — IF UNDER 1 YEAR: Months — Days 5 — IF UNDER 24 HRS.: Hours — Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD. Cumberland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RONALD RICE

14. MOTHER'S MAIDEN NAME: BARBARA COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

TCX

IMMEDIATE CAUSE (A) Prematurity (5 mon. twin)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1955 to 4/24, 1955 that I last saw the deceased alive on 4/24, 1955, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

SIGNATURE W. Royce Hodges M.D. ADDRESS Cumberland, Md DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4-26-55 — NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 26, 1955 — REGISTRAR'S SIGNATURE Winter L. Frantz M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md

VS. A15—10-53

2145182180

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03265

3268

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 5 HRS. 10 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY ALLEG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 403 CENTRAL AVENUE

3. NAME OF DECEASED: (First) BABY GIRL (Middle) (Last) RICE #2

4. DATE OF DEATH: (Month) APRIL 24 (Day) (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: APR. 24, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD. Cumberland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RONALD RICE

14. MOTHER'S MAIDEN NAME: BARBARA COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (5 mon. twin)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1955 to 4/24, 1955, that I last saw the deceased alive on 4/24, 1955, and that death occurred at 1:25 P.M. from the causes and on the date stated above.

SIGNATURE W. R. Joyce Hodges M. D. ADDRESS Cumberland, Md. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-26-55

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 26, 1955

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md

VS. A15—10-53

2145183180

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03266

3269

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 02 Cumberland

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 417 Winmer St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — 02

STREET ADDRESS (If rural give location): 417 Winmer St. — 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) ALEXANDER (Last) RILEY

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: Years	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Male	White	Married	May 12, 1864	90 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own farm	Maryland	U. S. A.

13. FATHER'S NAME: Laban Riley

14. MOTHER'S MAIDEN NAME: Caroline Hager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		None	Mrs. Joseph Taylor, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis & Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Ravages of Age

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17/52, 19 , to 4/14/55, 19 , that I last saw the deceased alive on 4/14/55, 19 , and that death occurred at 4P, M. from the causes and on the date stated above.

SIGNATURE: W. H. Sullivan M. D. — ADDRESS: Cumberland — DATE SIGNED: 4/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 17, 1955	Fort Ashby Cemetery	Fort Ashby, W. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
April 16, 1955	Walter R. Frantz, M.D.	Charles L. George, Cumberland, Md.

Within corporate limits

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3270

CERTIFICATE OF DEATH

Reg. Dist. No. 03267 7

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Cumberland, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural give location) 7 Offutt St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Ruppenkamp

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: April 25, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John R. Ruppenkamp

14. MOTHER'S MAIDEN NAME: Catherine D. Sharon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 32 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity

19A. DATE OF OPERATION: [redacted]

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 April, 1955 to 26 April, 1955, that I last saw the deceased alive on 26 April, 1955, and that death occurred at 4:55 P.M. from the causes and on the date stated above.

SIGNATURE Leland A. Carson M.D. ADDRESS 63 Greene St Cumberland DATE SIGNED 26 April

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF April 27, 1955 — NAME OF CEMETERY OR CREMATORY St. Marys Cemetery — LOCATION (City, town, or county) Cumberland — (State) Maryland

DATE RECD BY LOCAL REGISTRAR April 27, 1955 — REGISTRAR'S SIGNATURE Walter K. Trautz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

20452/2402

VS. A15—10-53

within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03268

3271

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
MARYLAND
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 52 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 501 Warren St.

3. NAME OF DECEASED. (Type or Print) (First) Peter (Middle) (Last) Santora

4. DATE OF DEATH: (Month) (Day) (Year) 4/24/55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6-29-78

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Italy, Ascoli-Satriano

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Santora

14. MOTHER'S MAIDEN NAME: Mary Jo Salatta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: 214-05-5833

17. INFORMANT & ADDRESS: Mr. Andrew F. Santora Balto. Pike, Cumb.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8, 1954, to 4-24, 1955, that I last saw the deceased alive on 4-24, 1955, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE Ralph W. Baccini M.D. ADDRESS Cumberland Md DATE SIGNED 4-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/27/55

NAME OF CEMETERY OR CREMATORY S. S. Peter & Pauls Cem.

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE RECD BY LOCAL REGISTRAR April 26, 1955

REGISTRAR'S SIGNATURE Walter L. Hanby M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03269

3286

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
MARYLAND LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 1, Frostburg
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) James (First) H. (Middle) Scott (Last)

4. DATE OF DEATH (Month) April (Day) 30th, (Year) 1955

5. SEX Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower | 8. DATE OF BIRTH August 7th, 1879 | 9. AGE last birthday 75 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shell line-retired

10B. KIND OF BUSINESS OR INDUSTRY: Kelly-Springfield

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Scott

14. MOTHER'S MAIDEN NAME: Jane Nicols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-9909

17. INFORMANT & ADDRESS: Percy Scott, Route 1, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (B) DUE TO: Cardio-vascular Renal disease — Several Years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to April 30, 1955, that I last saw the deceased alive on April 30, 1955, and that death occurred at 1 30/A M. from the causes and on the date stated above.

SIGNATURE John B. Davis, M.D. M.D. ADDRESS Frostburg, Md DATE SIGNED 5/2/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 2nd, 55 | NAME OF CEMETERY OR CREMATORY Vale Summit Cemetery | LOCATION (City, town, or county) Vale Summit, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-2-55 | REGISTRAR'S SIGNATURE Mrs. Nancy A. Poe

24. FUNERAL DIRECTOR Joseph R. Durst | ADDRESS Frostburg, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03270

3272 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH.
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place) 57 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 803. Columbia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 803. Columbia Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H (Last) Smith

4. DATE OF DEATH. (Month) April (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write): Married

8. DATE OF BIRTH: October 23 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Western Maryland RR.

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles J. Smith

14. MOTHER'S MAIDEN NAME Anna Lowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 705-10-7825

17. INFORMANT & ADDRESS: Mrs. Olive Smith, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinomatosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Carcinoma of right lung

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. , 1954, to Apr. 21 , 1955, that I last saw the deceased alive on Apr. 20 , 1955, and that death occurred at 1:05 PM, from the causes and on the date stated above.

SIGNATURE Geo. N. Levy Jr. M. D. ADDRESS 456 N. Centre St. DATE SIGNED 4/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 24 1955 | NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park | LOCATION (City, town, or county) Cumberland Md. (State)

DATE REC'D BY LOCAL REGISTRAR April 24, 1955 | REGISTRAR'S SIGNATURE Winter R. Brantz, M.D.

24. FUNERAL DIRECTOR William H. Kight · ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03271

3273

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 12/6/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 158 West Main Street

3. NAME OF DECEASED: (Type or Print) (First) Lavina (Middle) (Last) Spitznas

4. DATE OF DEATH: (Month) April (Day) 25, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/9/1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Spitznas

14. MOTHER'S MAIDEN NAME: Catherine Doubt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
581.0 IMMEDIATE CAUSE	(A) Chronic Myocarditis	?
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Cerebral arteriosclerosis DUE TO	?
	(C) Chronic Hepatitis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Jaundice	6-8 Yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? City or town (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Apr. 25, 1955, that I last saw the deceased alive on Apr. 24, 1955, and that death occurred at 2:45 A M, from the causes and on the date stated above.

SIGNATURE James B. McLean M. D. ADDRESS 49 Green St. DATE SIGNED 4-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/28/55

NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park

LOCATION (City, town, or county) (State) Frostburg, Maryland

DATE REC'D BY LOCAL REGISTRAR April 26, 1955

REGISTRAR'S SIGNATURE Winter R. Lantz, M. D.

24. FUNERAL DIRECTOR Jacob Hafer, ADDRESS Frostburg, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03272

3287

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 22 Frostburg
LENGTH OF STAY (in this place) 5yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 183 W. Mechanic Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 183 W. Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Leona (Last) Stapleton

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 19 55.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-22-1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasury Dept.

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Vale Summit, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Stapleton

14. MOTHER'S MAIDEN NAME: Margaret Delaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Bernadette Finn, 183 W. Mechanic St. Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) DUE TO Coronary Occlusion	Sudden
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary Sclerosis	1 mo ?
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 22, 1955, to Apr 14, 1955, that I last saw the deceased alive on Mar 26, 1955, and that death occurred at 8:10 A M, from the causes and on the date stated above.

SIGNATURE Wm C Lane M. D. ADDRESS Frostburg Md DATE SIGNED Apr 15 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-16-55

NAME OF CEMETERY OR CREMATORY St. Michael's Catholic

LOCATION (City, town or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 4-16-55

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Jacob Hafer

ADDRESS 23 E. Main, Frostburg, Md.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03273

3293

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cumberland, Rural
MARYLAND LENGTH OF STAY (in this place) 82 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2, Baltimore Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Rural X
STREET ADDRESS (If rural give location) Route 2, Baltimore Pike

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) M. (Last) STEGMAIER

4. DATE OF DEATH: (Month) (Day) (Year) April 17, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write) Single

8. DATE OF BIRTH: Aug. 14, 1872

9. AGE last birthday: 82 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cumberland, Md,

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Stegmaier

14. MOTHER'S MAIDEN NAME: Gertrude Hook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Anna Stegmaier, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardio-Vascular Disease — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. malnutrition

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to 17 April 1955, that I last saw the deceased alive on 13 April, 1955, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

SIGNATURE Anna G. Stegmaier M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 20 1955

NAME OF CEMETERY OR CREMATORY St. Peter & Pauls Cem.

LOCATION (City, town, or county) (State) Cumberland, Md,

DATE RECD BY LOCAL REGISTRAR April 20, 1955

REGISTRAR'S SIGNATURE Walter R. Frantz, M. D.

24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03274

3274

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS Washington Rural Lee Apartments South Lee Street

3. NAME OF DECEASED. (Type or Print) (First) ANN (Middle) (Last) STRICKLAND

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 19 55

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH. September 5 1889 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Renova, Pa. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Healy | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS. F. C. Strickland, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) [illegible] Schizophrenia — INTERVAL BETWEEN ONSET AND DEATH [illegible]

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) malnutrition — [illegible]

DUE TO (C) Arteriosclerosis — [illegible] months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955 to April 7, 1955, that I last saw the deceased alive on April 6, 1955, and that death occurred at 12:30 M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. | ADDRESS [illegible] | DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 9, 1955 | NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery | LOCATION (City, town, or county) Renova, Pa. | (State) Clinton Co.

DATE REC'D BY LOCAL REGISTRAR April 7, 1955 | REGISTRAR'S SIGNATURE Wm. R. Manke, M.D. | 24. FUNERAL DIRECTOR William H. Kight | ADDRESS Cumberland, Md.

VS. A15—10-53

Within corporate limits DR. SCHINDLER 3275

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03275

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 27 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPTIAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 26 GREENE STREET

3. NAME OF DECEASED: (Type or Print) (First) MAUDE (Middle) (Last) SUTTON
4. DATE OF DEATH: (Month) APRIL (Day) 19, (Year) 1955
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 10, 1890
9. AGE last birthday 65 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLES CONDOUR
14. MOTHER'S MAIDEN NAME: CLARA, (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 156-26-6914
17. INFORMANT & ADDRESS: Memorial Hosp. Cumberland Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Auricular Fibrillation — months

DUE TO (C) Arteriosclerotic Heart Disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1955 to April 19, 1955, that I last saw the deceased alive on April 19, 1955, and that death occurred at 3:55 PM, from the causes and on the date stated above.

SIGNATURE B. M. Schindler ADDRESS M.D. 41 Greene St DATE SIGNED 4/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-22-1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 22, 1955
REGISTRAR'S SIGNATURE Winter R. Manly M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03276

3276

CERTIFICATE OF DEATH

Reg. Dist. No. 7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 51 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing Maryland
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Sweitzer, Jr.

4. DATE OF DEATH (Month) (Day) (Year) 4-17-55 19 55

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 12-16-1868 | 9. AGE last birthday 86 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner | 10B. KIND OF BUSINESS OR INDUSTRY. Coal Mine | 11. BIRTHPLACE (State or foreign country) Maryland -Orleans | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wm. Sweitzer | 14. MOTHER'S MAIDEN NAME Shirlett Kear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-10-2576 | 17. INFORMANT & ADDRESS Mrs. Hattie Sweitzer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 4 d.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prostatic Carcinoma. — 6 mos

DUE TO (C) Carcinoma of the Prostate. — 1 1/2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1955, to 4-17, 1955, that I last saw the deceased alive on , 19 , and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Walter R. Frank M. D. ADDRESS Lonaconing, Md DATE SIGNED 4-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-21-55 | NAME OF CEMETERY OR CREMATORY Haven Memorial | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR April 18, 1955 | REGISTRAR'S SIGNATURE Walter R. Frank, M.D. | 24. FUNERAL DIRECTOR James F. Scarpelli | ADDRESS Cumberland, Md

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03277

CERTIFICATE OF DEATH

3277

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 19 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 703 Louisianna Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 703 Louisianna Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Joseph	Francis	Tippen	4	20	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Feb. 27, 1905	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Supervisor.	Textile Mill	Frostburg, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	217-10-5521	Mrs. Helen Tippen, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
241X Immediate cause	(a) Coronary occlusion	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Heart Disease	10 Years
DUE TO		
	(c) Chronic asthmatic Bronchitis	15 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none M.		

22. I hereby certify that I attended the deceased from Sept. 3 52 to Apr. 20 55, 19..., that I last saw the deceased alive on 4-20-55, 19..., and that death occurred at 6.35 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (DEGREE OR TITLE) 140 Seward St. Cumberland Md. (ADDRESS) DATE SIGNED: 4-22-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-25-1955	St. Mary's	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 24 1955	Wentz K. Lantz, M.D.	James F. Scarpelli,	Cumberland, Md.

VS. A15 3-51

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03278

3278

CERTIFICATE OF DEATH

Reg. Dist. No. ... 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 13 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Rural
STREET ADDRESS (If rural give location) R.F.D. #3. Bedford Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) William E. Thom

4. DATE OF DEATH: (Month) (Day) (Year) 4-29-55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-9-93

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: B. & O. RR

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Thom

14. MOTHER'S MAIDEN NAME: Margaret McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 705-05-4819

17. INFORMANT'S ADDRESS: Mrs. Helen Thom Wife, Route 3, Cumberland, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
163X IMMEDIATE CAUSE	(A) Bronchial Obstruction	3 months
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinomatosis of Peribronchial nodes	1 year
	DUE TO (C) Carcinoma of Lung - right	1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Post Operative empyema - right	1 year

19A. DATE OF OPERATION: 1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Right Lung with Lymph node metastasis

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory) OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... , 1957, to April 29 1955, that I last saw the deceased alive on April 28, 1955, and that death occurred at 9:00 A.M, from the causes and on the date stated above.

SIGNATURE H. Heinemann M.D. ADDRESS Cumberland DATE SIGNED Md 4/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 1 1955 | NAME OF CEMETERY OR CREMATORY Zion Memorial Burial Park | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR May 1, 1955 | REGISTRAR'S SIGNATURE Walter L. Fauntz, M.D.

24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3294 **CERTIFICATE OF DEATH** Reg. Dist. No. 03279 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. # 4. Oldtown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland X
STREET ADDRESS (If rural give location) Rt. # 4. Oldtown Road 1

3. NAME OF DECEASED: (Type or Print) (First) Ehrman (Middle) Elizabeth (Last) Twigg

4. DATE OF DEATH: (Month) Apr. (Day) 10, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Jan. 11, 1866

9. AGE last birthday: 89 yrs (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John D. Ellis

14. MOTHER'S MAIDEN NAME: Theodocia Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Ira Robinette Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 443X (A) Cerebral Vascular Accident

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST: (B) Arteriosclerotic Cardiovascular Disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1954, to April, 1955, that I last saw the deceased alive on March 30, 1955, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS 133 Via Gen Cumberland, Md. DATE SIGNED April 12, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4-13-1955

NAME OF CEMETERY OR CREMATORY: Davis Memorial Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 12, 1955

REGISTRAR'S SIGNATURE: Wirtes R. Kantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

3295

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03280

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: McCool
LENGTH OF STAY (In this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westernport Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: McCool
STREET ADDRESS (If rural, give location): Westernport Road

3. NAME OF DECEASED (Type or Print): Charles (First) Ervin (Middle) Weasenforth (Last)

4. DATE OF DEATH: (Month) Apr. (Day) 9, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Nov. 25, 1883	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Scheer, W. Va.	

13. FATHER'S NAME: Theadore Weasenforth

14. MOTHER'S MAIDEN NAME: Catherine Amtower,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Charles Ray Weasenforth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1. Immediate cause	(a) Carcima of Lungs (Metastatic	Jan 1955
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephroma — right	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1955, to April 9, 1955, that I last saw the deceased alive on April 9, 1955, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE: D L Griffin (Degree or title) MD — ADDRESS: Keyser W Va — DATE SIGNED: 4-9-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/12/55	Dayton Cemetery	Near McCool Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-11-55	Mrs Jean C. Kelly	B W Moorehead	Keyser, W. Va

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03281

3279

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland 2
STREET ADDRESS (If rural give location): 314 Frederick St 1

3. NAME OF DECEASED: (First) Leonard (Middle) Van (Last) Wheeler
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 4/29/55
9. AGE last birthday: yrs. 1 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Wheeler
14. MOTHER'S MAIDEN NAME: Bessie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS: Sacred Heart Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
761.0 IMMEDIATE CAUSE	(A) Mal presented Breech with Fet	3 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hydramnios	
	DUE TO (C) Fetal Distress	4 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Difficult Version, Slow 24 hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29 1955, to April 30 1955, that I last saw the deceased alive on April 30, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.
SIGNATURE F. Allen G. Johnson M. D. ADDRESS Cumberland Md DATE SIGNED May 1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/2/55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REGISTRAR: May 2, 1955
REGISTRAR'S SIGNATURE: Wintes R. Frantz, M.D.
24. FUNERAL DIRECTOR: Louis Stein, Inc.
ADDRESS: Cumberland, Md

C-64-364392

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03282

3280

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 3 HR. 6 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA. COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BREEZEWOOD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ~~BABY~~ Jeffrey (Middle) Lynn (Last) WILT - Twin #2

4. DATE OF DEATH: (Month) APR. (Day) 29 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: APRIL 29, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VICTOR D. WILT

14. MOTHER'S MAIDEN NAME: NORMA JEAN WINTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

765.5 IMMEDIATE CAUSE (A) Prematurity - 2nd of twins

ANTECEDENT CAUSE (S) DUE TO (B) (Repeat section - active labor

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) at 7 1/2 months)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. atelectasis

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1955, to 4/28, 1955, that I last saw the deceased alive on 4/28, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE W. Royce Hodges M.D. ADDRESS Cumberland, Md. DATE SIGNED 4/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/30/1955

NAME OF CEMETERY OR CREMATORY Mt. Zion Lutheran

LOCATION (City, town, or county) (State) E. Providence Twp., Bed Co., Pa.

DATE RECD BY LOCAL REGISTRAR April 29, 1955

REGISTRAR'S SIGNATURE Winter R. Trautz, M.D.

24. FUNERAL DIRECTOR Lynford V. Conner ADDRESS Everett, Pa.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

21 45273393

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3281

03283

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Cumberland
LENGTH OF STAY (in this place) 2 days 19 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Rural
STREET ADDRESS (If rural give location) R.F.D. #3, Bedford Road

3. NAME OF DECEASED: (First) Iva (Middle) Margaret (Last) Zufall

4. DATE OF DEATH: (Month) 4-28-55 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-21-91

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Glenesville, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hyle Bennett

14. MOTHER'S MAIDEN NAME: Minnie Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Peter Zufall, Rt. 3, Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X) (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — 1 year

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1955, to 4-28, 1955, that I last saw the deceased alive on 4-28, 1955, and that death occurred at 11:00 A M, from the causes and on the date stated above.

SIGNATURE Roger L. Bacon M. D. ADDRESS Cumberland Md DATE SIGNED 4-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Apr. 30, 55 — NAME OF CEMETERY OR CREMATORY Zion Memorial Park — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE RECD BY LOCAL REGISTRAR April 29, 1955 — REGISTRAR'S SIGNATURE Winter R. Trantz, M.D. — 24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.